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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a REI of 08/863,964 05/27/1997 PAT 5,855,598  
 which is a CIP of 08/558,028 11/13/1995 PAT 5,632,772  
 and is a CIP of 08/558,034 11/13/1995 PAT 5,639,278  
 and said 08/558,028 11/13/1995  
 is a CIP of 08/140,245 10/21/1993 ABN  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	FL	6	42	6
Verified and Acknowledged <u>/RYAN J SEVERSON/</u> Examiner's Signature					

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**TITLE**  
 Expandable supportive branched endoluminal grafts

<b>FILING FEE RECEIVED</b> 2089	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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